## PART B - FEE(S) TRANSMITTAL

MAY 2 0 2008	rm should be used for tran respondence including the below or directed otherwise	ismitting the ISSUE	or <u>Far</u>	P.O. Box 1450 Alexandria, Virg (571) 273-2885	r Patents inia 22313-1450 ired). Blocks I through 5	should be completed where to correspondence address as parate "FEE ADDRESS" for	
appropriate. All funder-correspondence including the Patent, advance orders and nonlication indicated unless soft feeted below or directed otherwise in Block 1, by (a) specifying a new of maintenance. Course of the control of the c				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Oakland, CA 94612 05/21/2008 RFEKADU2 00000003 08785532				I hereby certify that the States Postal Service	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
01 FC:1501 1440.00 UP 02 FC:8001 30.00 UP				Swapnali Joshi	. 0	(Depositor's name)	
				/Swapnali Joshi/	/Swapnali Joshi/		
				05/14/2008 (Date)			
APPLICATION NO. FILING DATE FIRST NA			RST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
08/785,532	01/17/1997		JOE W. GR		UCOTP002X2	4124	
TITLE OF INVENTION: GENES FROM THE 20Q13 AMPLICON AND THEIR USES							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
Non-Provisional	NO	\$1440		\$0	\$1440	05/14/2008	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
DAVIS, MINH TAM B 1642							
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicate	e address or indication of "Follence address (or Change of 22) attached.  ion (or "Fee Address" Indicate more recent) attached. Use	Correspondence	ternatively, a single firm (having as a ney or agent) and the nam	up to 3 registered patent attorneys matively, single firm (having as a member a yo or agent) and the names of up to tattorneys or agents. If no name is			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
The Hospital for Sick Children Toronto, Canada							
The Regents of the University of California  Oakland, California  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual Corporation or other private group entity Government							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
☐ Issue Fee ☐ A check in the amount of the fee(s) is enclosed.							
☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies 10 ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 504480 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.							
NOTE: The Issue Fee and P	ublication Fee (if required) vords of the United States Pate	vill not be accepted t	rom anyone othe	r than the applicant; a reg	stered attorney or agent; or	the assignee or other party in	
Authorized Signature Engly Myaliden Date 05/14/2008							
Typed or printed name Emily M/Haliday Registration No. 38,903							
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							



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- A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).
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